



CEMETERY AND FUNERAL BUREAU
P. O. BOX 989003
WEST SACRAMENTO, CA 95798-9003
(916) 574-7870 FAX (916) 574-8620



CEMETERY BROKER BRANCH LICENSE APPLICATION
APPLICATION FEE \$100

SECTION A: APPLICANT INFORMATION			
Last Name		First	Middle Initial
Residence Address		City	State CA Zip Code
Business Address		City	State CA Zip Code
Mailing Address (If different from above)		City	State CA Zip Code
Business Telephone Number ()		Business Fax Number ()	
Date of Birth	Social Security Number		Email Address (Not required)
SECTION B: BROKER INFORMATION			
What CEB or CBA is this license to be a branch of?			
List all current Cemetery Broker licenses (Attach additional page if needed)			
<input type="checkbox"/> CBA	<input type="checkbox"/> CBA	<input type="checkbox"/> CBA	<input type="checkbox"/> CBA
<input type="checkbox"/> CEB	<input type="checkbox"/> CEB	<input type="checkbox"/> CEB	<input type="checkbox"/> CEB
<input type="checkbox"/> CBB	<input type="checkbox"/> CBB	<input type="checkbox"/> CBB	<input type="checkbox"/> CBB
<input type="checkbox"/> CBA	<input type="checkbox"/> CBA	<input type="checkbox"/> CBA	<input type="checkbox"/> CBA
<input type="checkbox"/> CEB	<input type="checkbox"/> CEB	<input type="checkbox"/> CEB	<input type="checkbox"/> CEB
<input type="checkbox"/> CBB	<input type="checkbox"/> CBB	<input type="checkbox"/> CBB	<input type="checkbox"/> CBB
SECTION C: FILING STATUS-CHOOSE ONE (Attach additional requirements as required for each broker type)			
<input type="checkbox"/> Corporatæ Broker	Name of Cemetery		Name of Corporation
	License Number of Cemetery	Federal Taxpayer ID Number	Submit a Corporate Resolution authorizing you to be named as Broker on behalf of the Cemetery.
<input type="checkbox"/> Individual Broker	Submit a copy of a \$10,000 Surety Bond.		
SECTION D: APPLICANT CERTIFICATION			
I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate.			
Signature		Date	
FOR BUREAU USE ONLY			
Date Cashiered	Amount Cashiered	ATS Number	Receipt Number
Corporate Resolution	Surety Bond	Issuance Date	License Number Issued CBB

Disclosure of your social security number (SSN) and/or federal employer identification number (FEIN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(s)(2)(C)) authorizes collection of your SSN or FEIN. This information will be used exclusively for tax enforcement purposes and for purposes of compliance with section 11350.6 of the Welfare and Institutions Code. If you fail to disclose your SSN or FEIN, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you. Questions regarding this requirement must be directed to the Franchise Tax Board: So. California (800) 852-7050, No. California (800) 852-5711, or Sacramento at (916) 369-0500.